

Name
in
Full

Frederick H. Baeschlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perwyn</i>		Town <i>Perwyn</i>		County <i>Pr. Geo</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>55</i>	Years <i>55</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Switzerland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen Catherine Lersch</i>					
Father's Name <i>John Baeschlin</i>		Father's Birthplace <i>Switzerland</i>					
Mother's Maiden Name <i>Catherine Ruger</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lydia Baeschlin</i>		How related to deceased <i>Slaughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Page 2



2

Name in Full		John E. Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		Nov	23	Age	30	
	Sex		Color or Race		Birth-place		
	Male		White		Md		
	Occupation		Where Residing if not at place of death				
Laborer		Savage					
Married, Single or Widowed		Name of Wife or Husband					
Single		Emma J. Barnes					
Father's Name		John J. Barnes		Father's Birthplace			
Md				Md			
Mother's Maiden Name		Carry		Mother's Birthplace			
Md				Md			
Name of person giving information		Emma J. Barnes		How related to deceased			
Wife							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Struck by train		How long		
	Immediate		Fracture of Skull		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Yes		M. J. Salvo		Laurel, Md.		
Accident or Suicide?		Accident		J. D. Rating Coroner			

1111

300
- 900

600
1500

5000

100

600

1000

5700

3000

2000

1111

300

900
1300

6200

1

5000

5000

1500

500

300

1500

1500

6000

761

700

300

6000

Name
in
Full

Robert C. Bart

CERTIFICATE OF DEATH

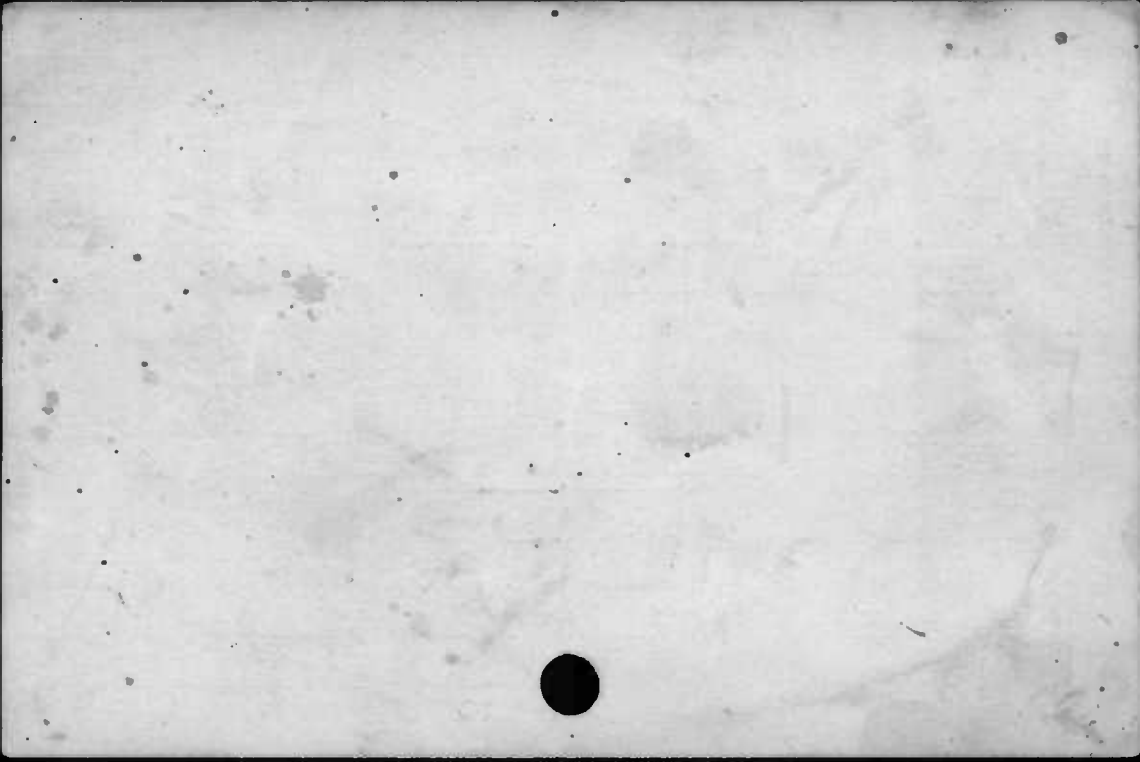
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyatts ville Md.</i>		Town <i>Prince Geo. Co.</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov.</i>	Day	<i>28</i>	Years	<i>0</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		Months <i>5</i> Days <i>5</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or husband					
Father's Name <i>Ambrose F. Bart</i>				Father's Birthplace <i>N. Orleans La</i>			
Mother's Maiden Name <i>Susan C. Dougherty</i>				Mother's Birthplace <i>Cumberland Md.</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Indigestion</i>	How long <i>2 days</i>
Immediate <i>Inanition</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph N. Gardner M.D.</i>
	Address <i>Rivindale Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James A Bell</i>		Town <i>Upper Marlbow</i>		County <i>P. G.</i>		MARYLAND									
Died at		Date of death <i>1906</i>		Month <i>11</i>		Day <i>12</i>		Age <i>1</i>		Years <i>1</i>		Months <i>—</i>		Days <i>12</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth- place <i>P. G. Ind.</i>											
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>													
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>													
Father's Name <i>William Bell</i>		Father's Birthplace <i>P. G. Ind.</i>													
Mother's Maiden Name <i>Rose Griffin</i>		Mother's Birthplace <i>Washington D.C.</i>													
Name of person giving Information <i>William Bell</i>		How related to deceased <i>Father</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>		How long <i>Since birth</i>	
Immediate <i>—</i>		How long <i>his</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William Bell, Father</i>	
		Address <i>Upper Marlbow Ind.</i>	
Accident or Suicide?			



Name
in
Full

Thomas Boswell

CERTIFICATE OF DEATH

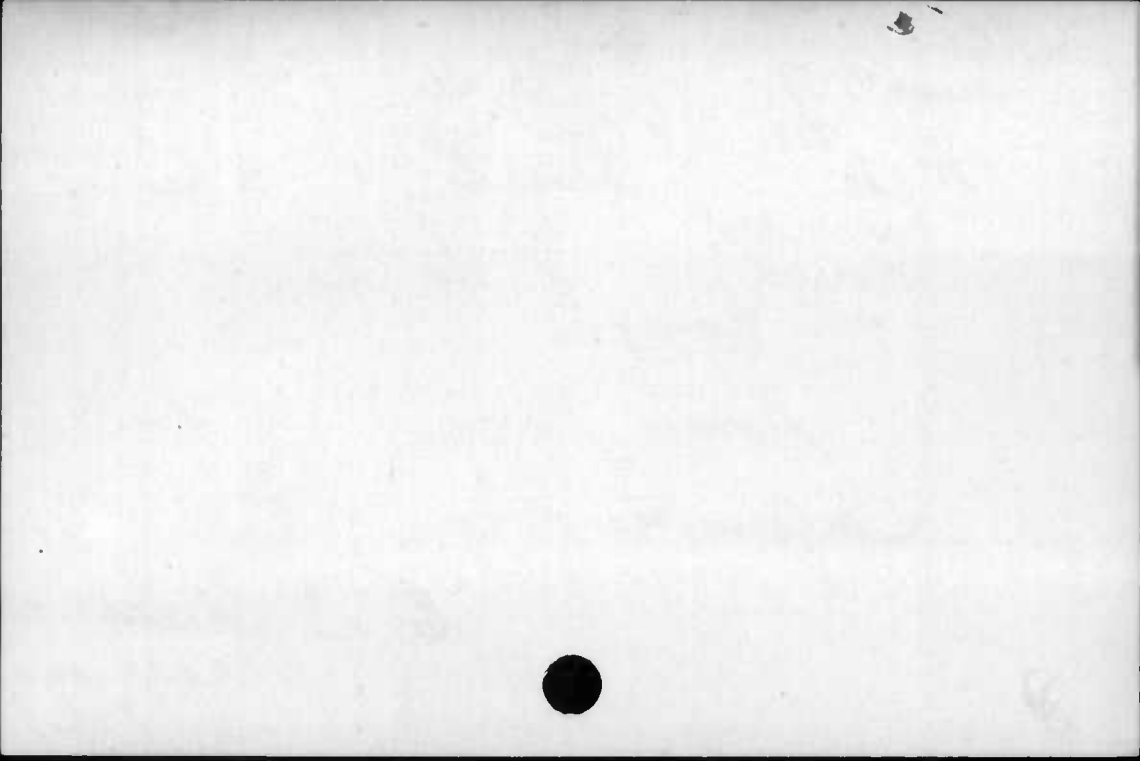
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Marlboro		P. Geo		County		MARYLAND	
Date of death		1906		Month 11		Day 13		Age 46	
Sex		Male		Color or Race		white		Birth-place Md	
Occupation		Blacksmith		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		John W. Boswell						Father's Birthplace Md	
Mother's Maiden Name		Mary E Jones						Mother's Birthplace Md	
Name of person giving information		Frederick C Boswell						How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Reverdy Sasser	
Address		upper Marlboro Md.	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

Benjamin Boyd

Town

County

MARYLAND

Died near T.B.

Pr Geo.

Date of death 1906 Nov.

Day 4 Age 100

Months — Days —

Sex Male

Color or Race Colored

Birth-place Pr Geo Co.

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband Letty Boyd

Father's Name not known

Father's Birthplace

Mother's Maiden Name " "

Mother's Birthplace

Name of person giving information Samuel Boyd

How related to deceased Son

CAUSES OF DEATH

Primary Infirmities of age

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

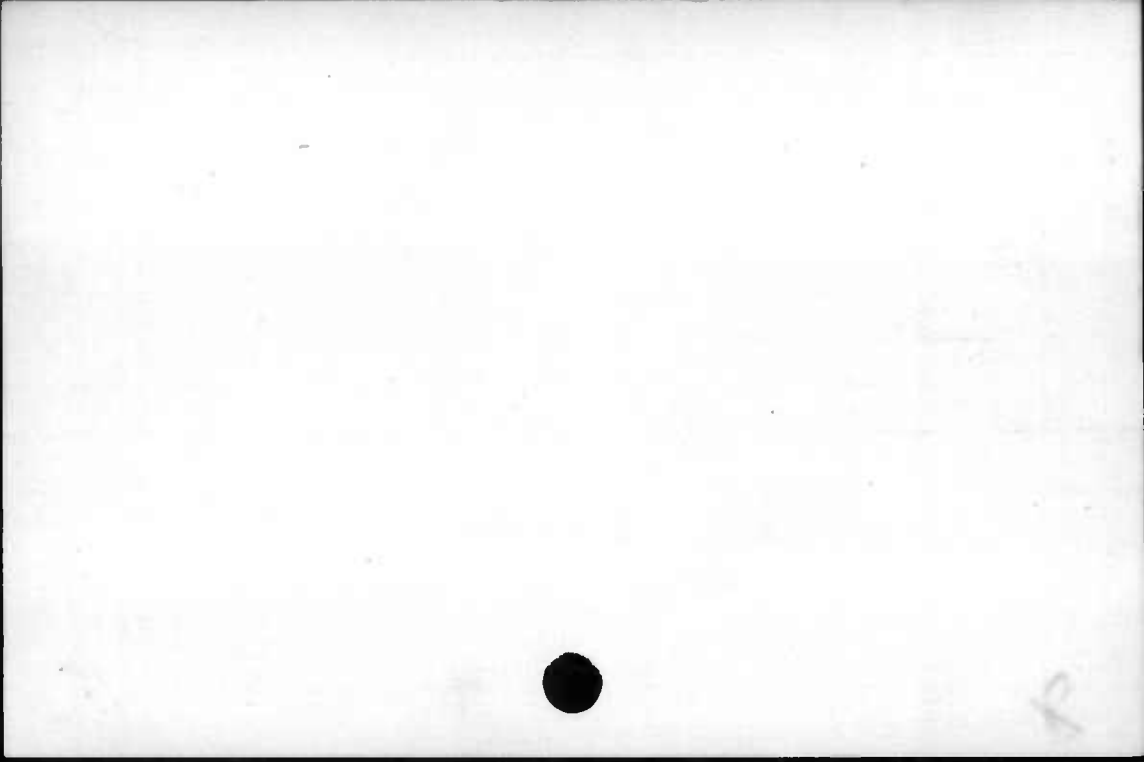
Signature of Physician

E. D. Lunt

Address

Precataway Md

Accident or Suicide?



Name
in
Full

Eleanor Brooks K.

CERTIFICATE OF DEATH

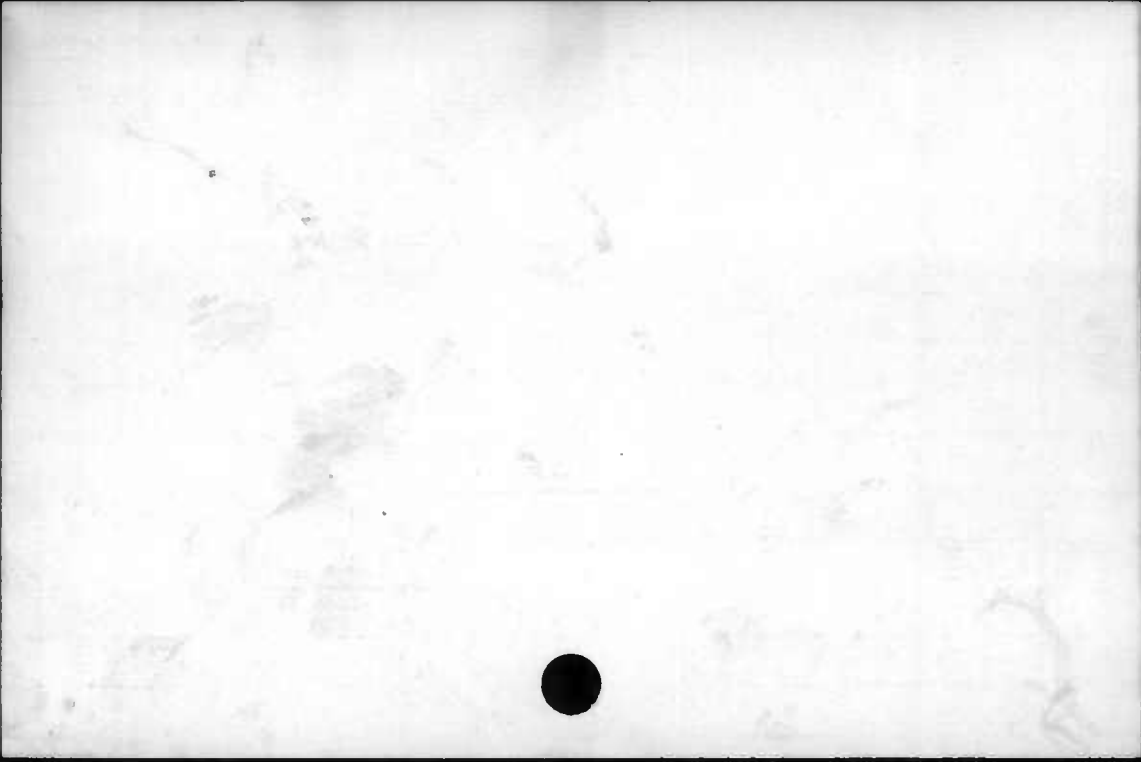
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> <small>Town</small>		<u>Pr Geo</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>13</u>	Age <u>6.</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Med</u>			
Occupation <u>Child</u>	Where Residing if not at place of death <u>Howard Co.</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Brooks Brooks</u>	Father's Birthplace <u>Med</u>				
Mother's Maiden Name <u>Cassie Howard</u>	Mother's Birthplace <u>Med</u>				
Name of person giving information <u>Cassie Brooks</u>	How related to deceased <u>Mother</u>				

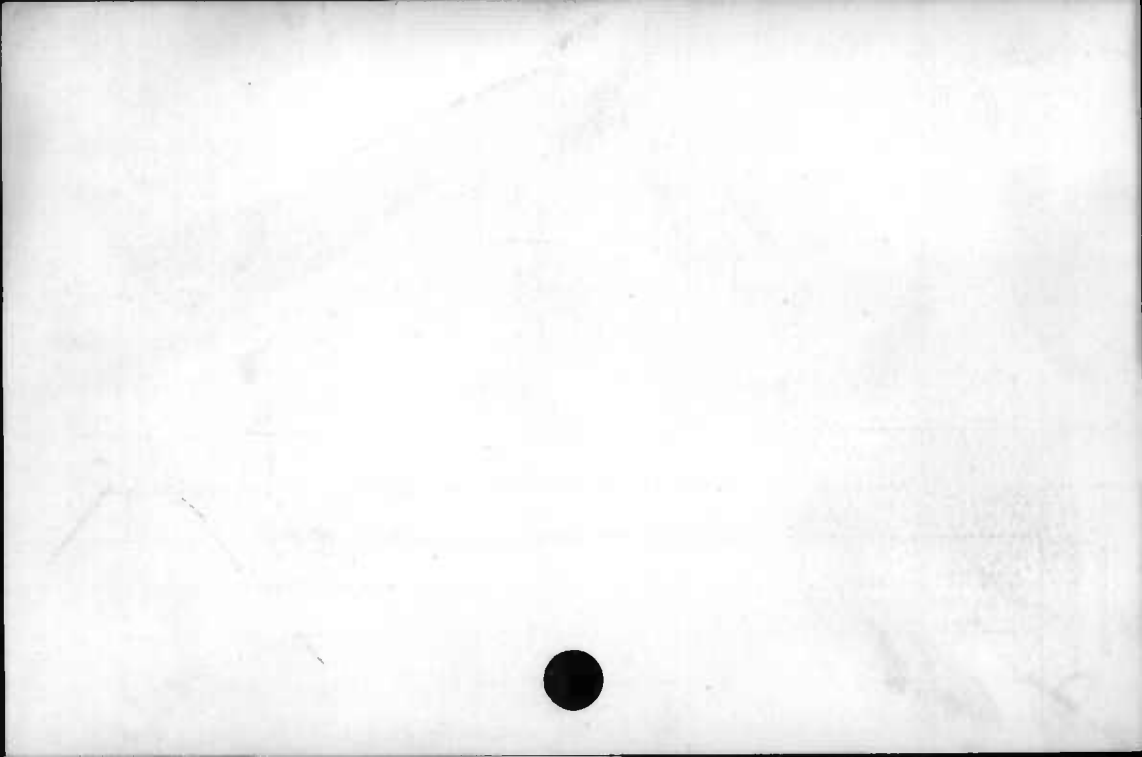
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>meningitis</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Smith</u>
	Address <u>Laurel</u>
Accident or Suicide?	<u>Med</u>



Name in Full		Augustine Brown				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marbletown, ^{Town}		Pr. Geo. ^{County}		MARYLAND					
	Date of death	1900	Month	Nov.	Day	17.	Age	45	Years	Months	Days
	Sex	Male		Color or Race	Black		Birthplace	Marbletown Md			
	Occupation	None				Where Residing if not at place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband	Elsie Ann Brown						
	Father's Name	Saml. Brown						Father's Birthplace			
	Mother's Maiden Name	Amelia Brown						Mother's Birthplace			
Name of person giving information							How related to deceased				
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary	Tuberculosis of Valvular Disease of heart					How long	Don't know			
	Immediate						How long	Don't know			
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician					
						Address					
						upper Marbletown Md					
Accident or Suicide?											



John Henry Brown

Town

County

Died at

Lakeland

Prin George

MARYLAND

Date

1906

Month

Day

Y.

M.

D.

Native of

Occupation

November 11

Age

2 4 16

Md

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Pleasance Brown

Mother's

Maiden Name

Ardeen Franklin

Cause of

Primary

Pulvisis Pulmonalis 1 year

How long sick

Death

Immediate

Wasting away

Accident, Suicide, Homicide

Reported by

W. D. Emphred Md

Address

Caleph Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Name
in
Full

CERTIFICATE OF DEATH

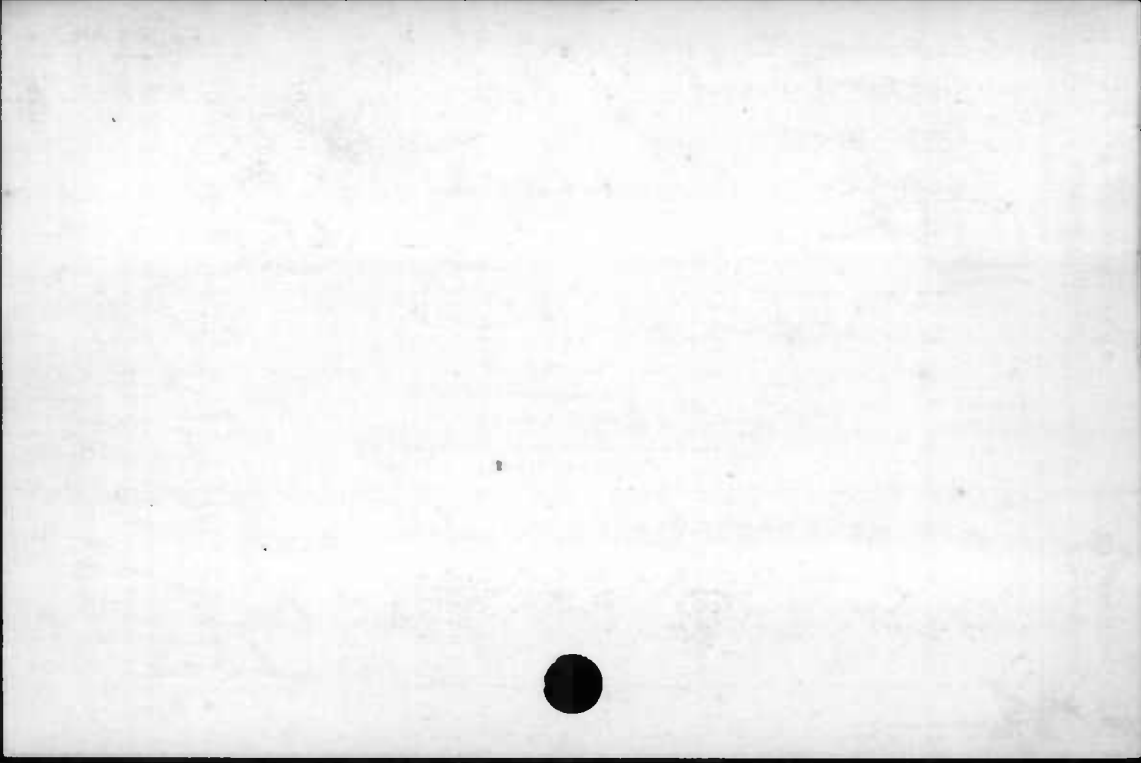
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full Rufus K Brown		Town Lanue		County R. Geo			
Died at Lanue		Month Nov		Day 4		Age 18	
Date of death 1906		Months "		Years "		Days "	
Sex Male		Color or Race White		Birth-place Ind			
Occupation Schooler		Where Residing if not at place of death Lanue					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Chas J. Brown		Father's Birthplace Ind					
Mother's Maiden Name Matilda A. Donaldson		Mother's Birthplace Ind					
Name of person giving information Chas J. Brown		How related to deceased Father					

CAUSES OF DEATH

Primary Typhoid fever	How long 3 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. P. P. P. P.
	Address Lanue Ind
Accident or Suicide?	



Lorena M Bryant

Town

County

Died at

Borwyn

Pr Geo Co

MARYLAND

Date 1906

Month Day

Nov 28

Y. M. D.

Age 31. 0. 0

Native of

Ind

Occupation

Home Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Sing~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		William H. Butler				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Woodland ^{Town} P. G. ^{County}		MARYLAND			
		Date of death		1906	Month	June	Day	24	
				Age		Years	9	Months	2
		Sex		Male		Color or Race		Black	
		Occupation		House		Where Residing if not at place of death		At home	
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		George Butler		Father's Birthplace		Ind	
		Mother's Maiden Name		~~~~~		Mother's Birthplace		Ind	
		Name of person giving information		Robert Butler		How related to deceased		My brother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Tuberculosis meningitis				Probably 2 wks			
		Immediate				How long			
		Congestion brain				12 hours			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician				J. L. Leaning			
		Address				Chilistone Md.			
		Accident or Suicide?				No			

Dear Jane.

I had not
seen this child for
a week. This is the
best information I
could gather.

Yours
J. F. W.

Name
in
Full

Charity Fletcher

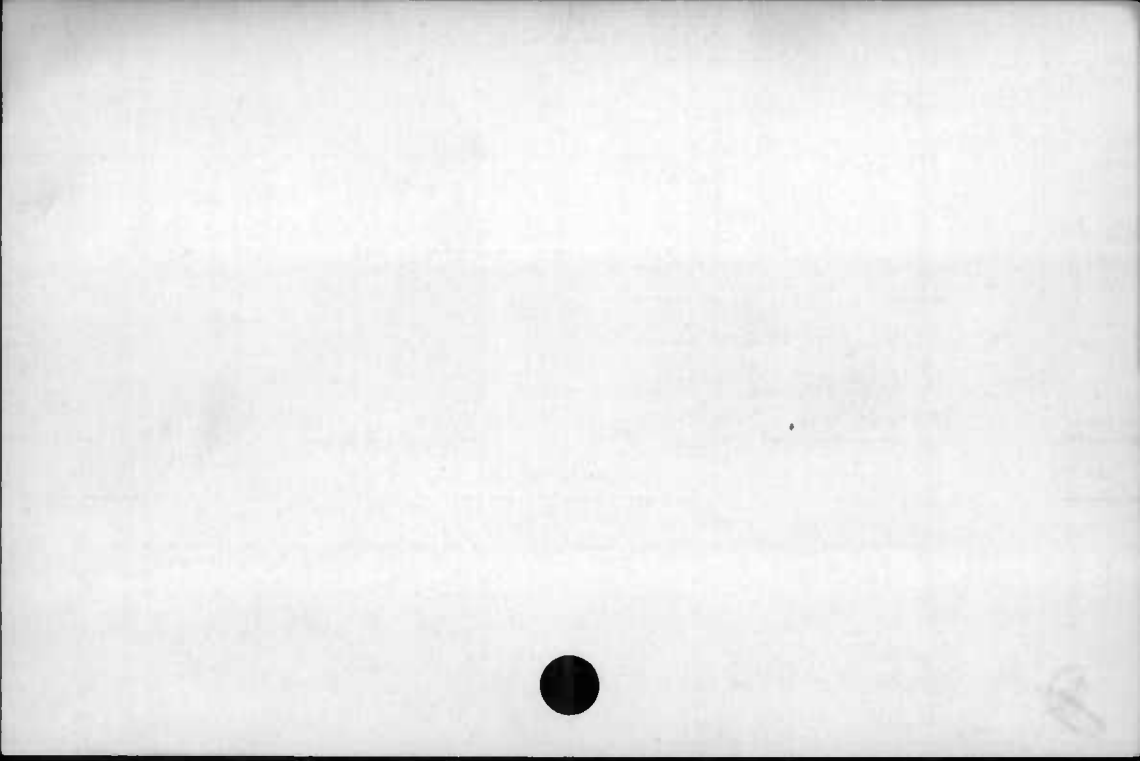
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Bowie</u>		County <u>Prince George</u>		MARYLAND	
Date of death		Month <u>Nov</u>	Day <u>23</u>	Years <u>83</u>	Months <u>—</u>	Days <u>—</u>	
Sex	<u>Female</u>		Color or Race	<u>Colored</u>		Birth-place	<u>Maryland</u>
Occupation	<u>House wife</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband	<u>Robert Fletcher</u>			
Father's Name	<u>Charles Wood</u>				Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Don't Know</u>				Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Charles Fletcher</u>				How related to deceased	<u>Son</u>	

CAUSES OF DEATH

Primary	<u>Valvular Disease of Heart</u>		How long	<u>—</u>
Immediate	<u>Heart</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	<u>Nelson A. Ryan M.D.</u>
			Address	<u>Bowie Md</u>
Accident or Suicide?		<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cedarsville* Town*Penn. George* CountyDate
of death *1906*Month
*11*Day
12

Age

Years
60

Months

Days

Sex

*Male*Color or
Race*negro*Birth-
place*Maryland*

Occupation

*Farm hand*Where Residing if not
at place of deathMarried, ~~Single~~
or WidowedName of Wife or
Husband*Mary Ford*Father's
Name*James Ford*Father's
Birthplace*Maryland*Mother's
Maiden Name*Barbara Greenfield*Mother's
Birthplace*Maryland*Name of person giving
information*Daniel Ford*How related
to deceased*son*

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

4 years

Immediate

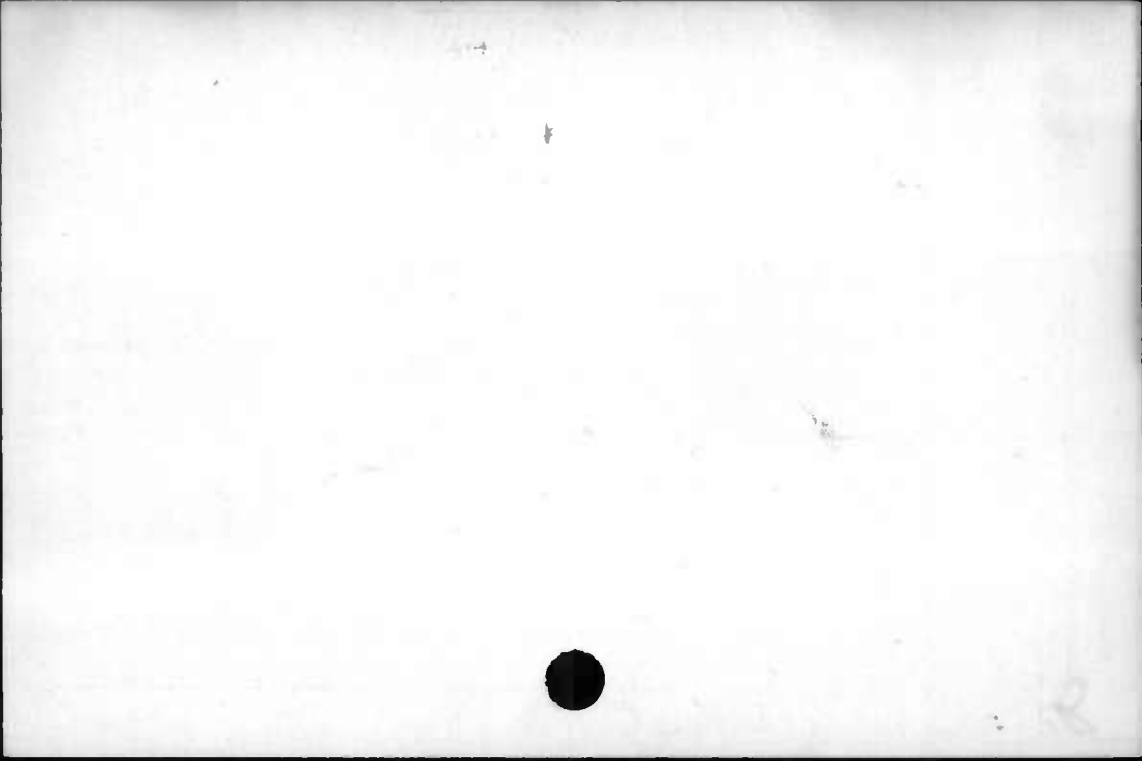
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. R. Latimer M.D.*

Address

Orme P.O.

Accident or Suicide?

*Maryland*PHYSICIAN
OR CORONER



Name
in
Full

J. M. Fowler.

CERTIFICATE OF DEATH

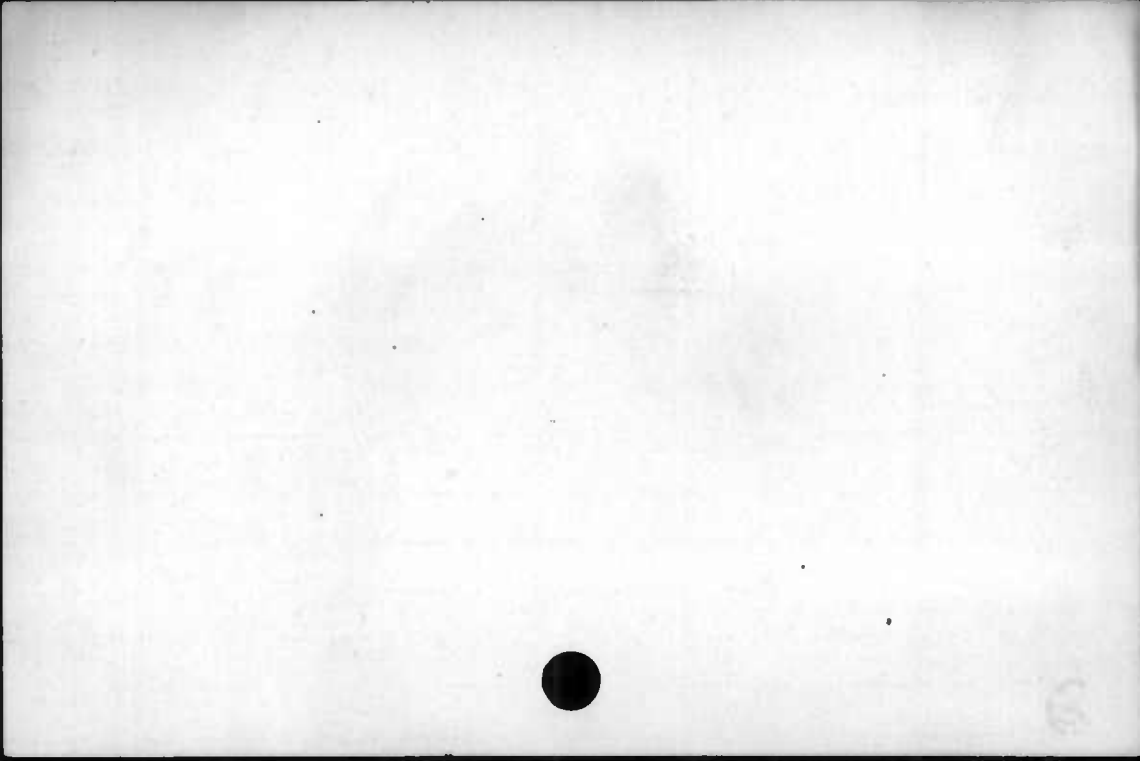
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Madison* Town *P. G.* County
 Date of death *1906* Month *Nov* Day *30th* Age *12* Years Months Days
 Sex *male* Color or Race *White* Birth-place *md*
 Occupation *School boy* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *James Fowler* Father's Birthplace *md*
 Mother's Maiden Name *Jennie Richardson* Mother's Birthplace *md*
 Name of person giving information *Albert Randall* How related to deceased *None*

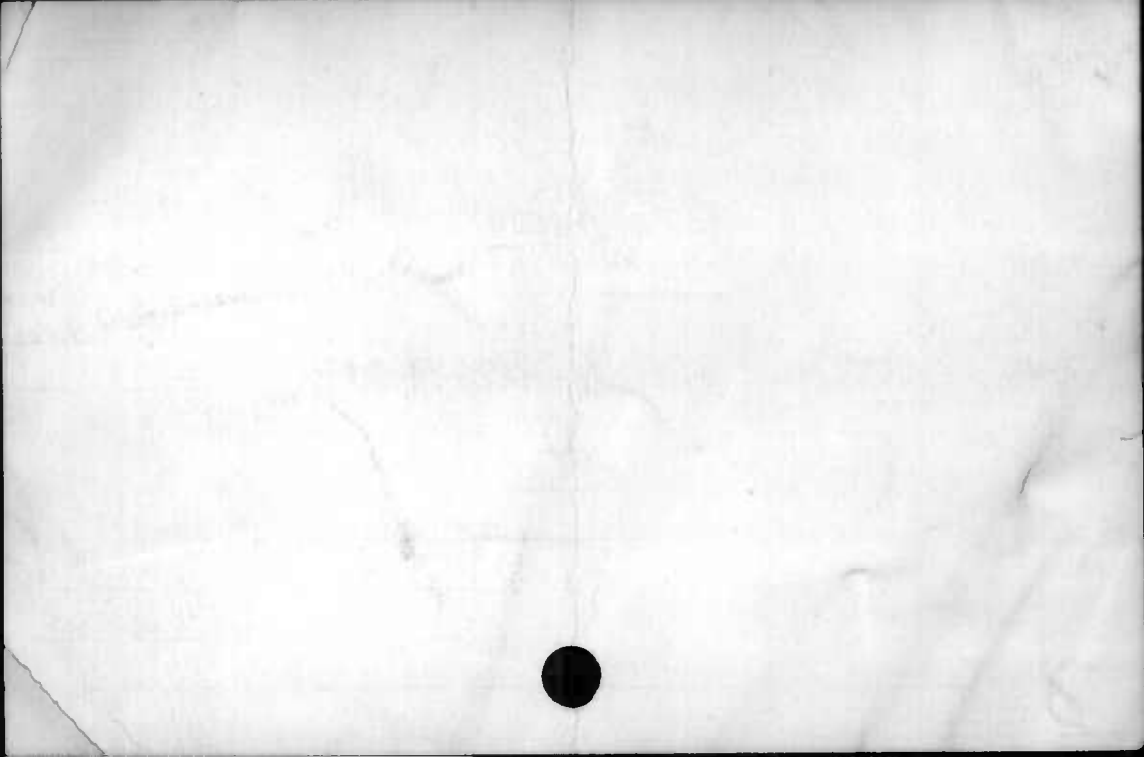
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Shot himself* How long *immediate*
 Immediate *accidental* How long
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *John C. Sausbury*
 Address *Forestville*
md
 Accident or Suicide? *accident*



Name in Full		Certificate of Death			
Edna May Gay		Bladensburg		Prince George	
Died at		Town		County	
Date of death		Month		Years	
1906		Nov.		1	
Sex		Color or Race		Birth-place	
Female		-colored		Wash. D.C.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Mother's Maiden Name		Father's Birthplace	
Charles Gay		Mary Langster		Wash. D.C.	
Name of person giving information		How related to deceased		Mother's Birthplace	
Mary Langster		Mother		P.O. County, Md.	
CAUSES OF DEATH					
Primary		How long		Two weeks	
Natural Causes		179			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Augustus P. Dahler, Jr.	
yes.		Address		Acting Coroner	
				Bladensburg, Md.	
Accident or Suicide?					



Name
In
Full

CERTIFICATE OF DEATH

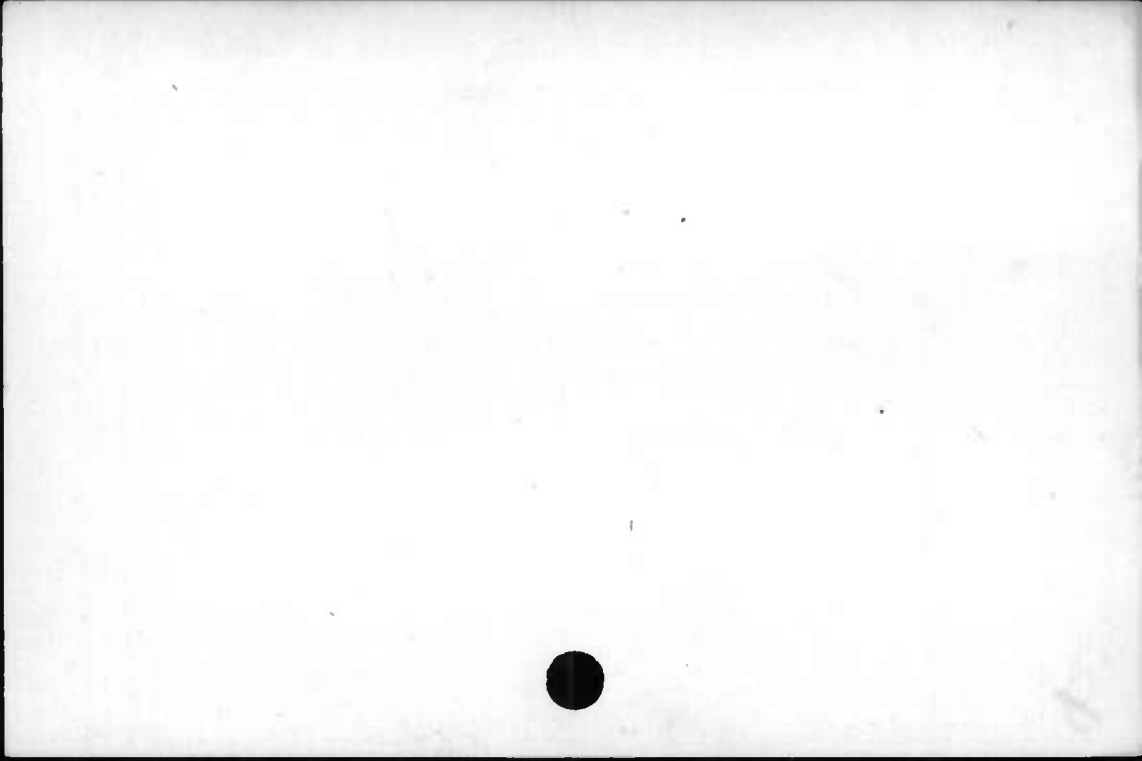
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towweshend</i>		County <i>Pr. Geo</i>		MARYLAND	
Date of death		Month <i>11</i>	Day <i>24</i>	Age <i>1</i>	Years <i>10</i>	Months <i>6</i>	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Ernest Harley</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elizabeth Harrison</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Ernest Harley</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Spinal Meningitis</i>		How long <i>2 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John A. Coe</i>	
		Address <i>713. Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

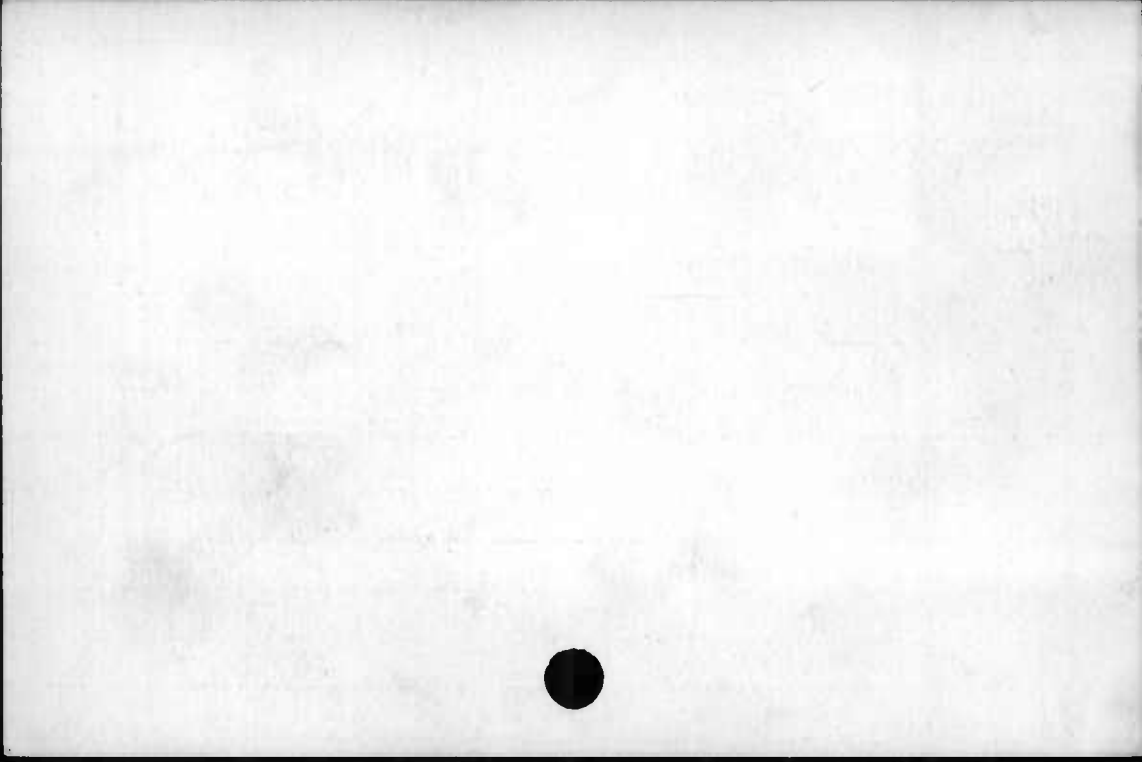
MARYLAND

Died at <u>Hyattsville</u> ^{Town}		<u>P.D.</u> ^{County}			
Date of death <u>1906</u>	<u>Nov</u> ^{Month}	<u>5</u> ^{Day}	<u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Boy</u>	Color or Race <u>Black</u>	Birth-place <u>Hyattsville Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Edward Hawkins</u>	Father's Birthplace <u>P.D. Co</u>				
Mother's Maiden Name <u>Rebecca Shatter</u>	Mother's Birthplace <u>W. Va</u>				
Name of person giving information <u>Mother Rebecca Shatter</u>	How related to deceased <u>Mother</u>				

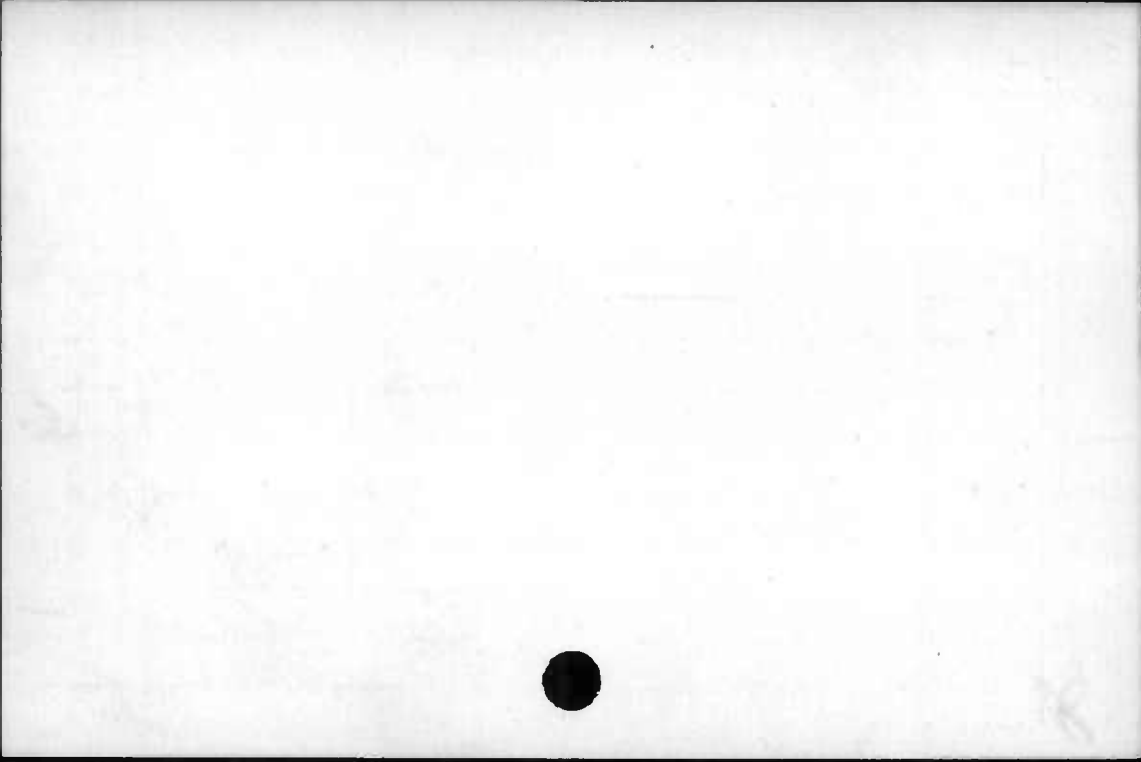
CAUSES OF DEATH

PHYSICIAN
OR CORONER

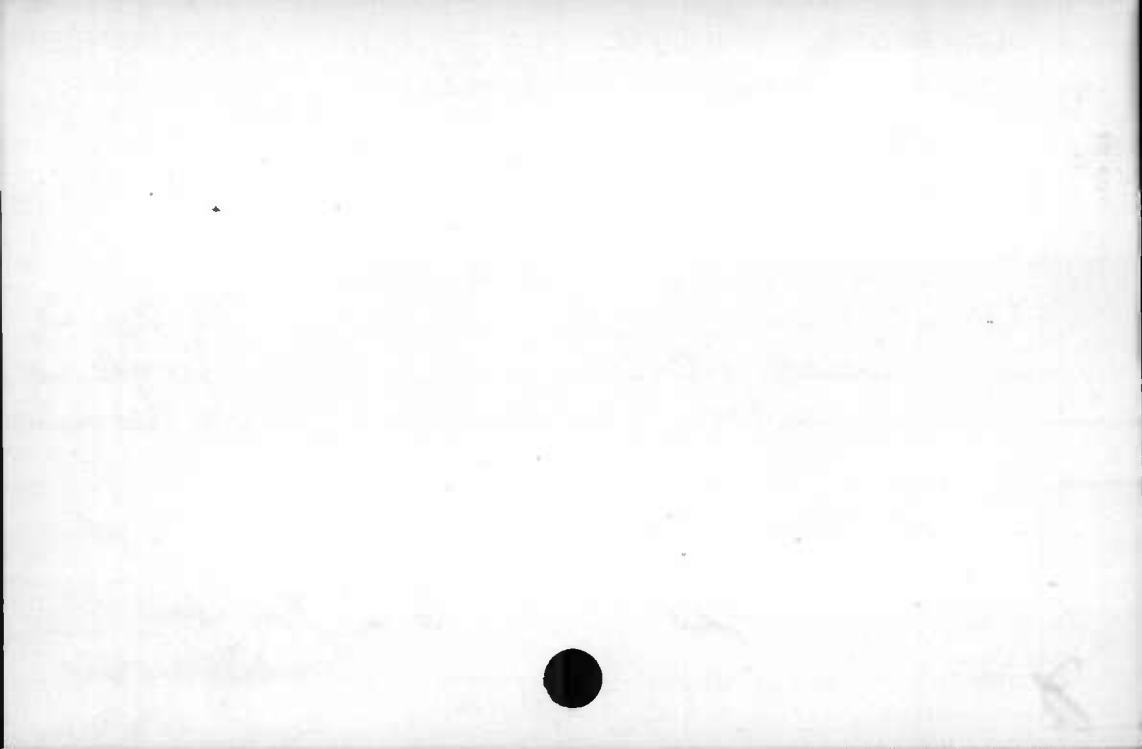
Primary	<u>Still Born</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. R. Parrish</u>
		Address	<u>Hyattsville</u>
Accident or Suicide? <u> </u>		<u>Ind</u>	



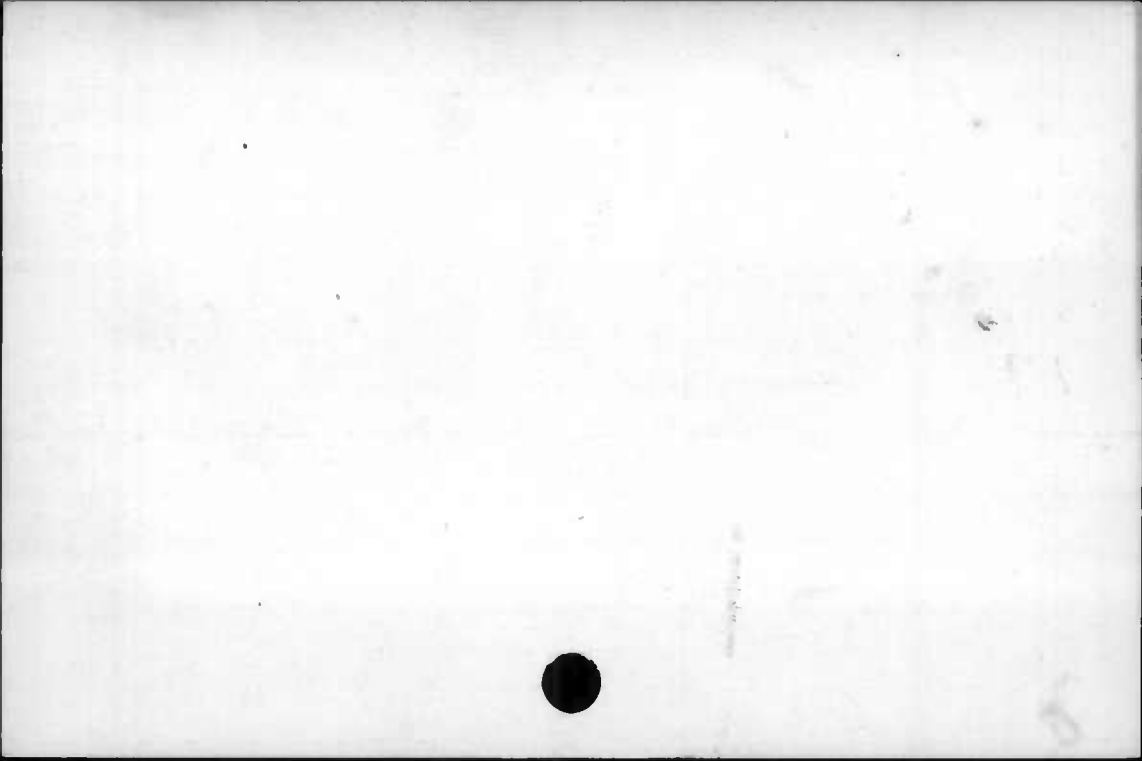
Name In Full		Ida Holmer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brandywine		County Pr. Geo		
		Date of death		1906	Month 11	Day 25	Age 35	Years 8
		Sex		Female		Color or Race		Colored
		Occupation		Housewife		Where Residing if not at place of death		Washington D C
		Married, Single or Widowed		Married		Name of Wife or Husband		Wm Holmer
		Father's Name		Louis Jones		Father's Birthplace		Ind
		Mother's Maiden Name		Mary Marshall		Mother's Birthplace		Ind
Name of person giving information		John Holmer		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				John A. Coz		
		Address				I.B. Ind		
Accident or Suicide?								



Name in Full		Ida B. Ireland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Halls		Town P. H.		County	
		Date of death 1906		Month 11		Day 26	
		Age 2		Years		Months	
		Sex Female		Color or Race White		Birth- place P. H. Co.	
		Occupation None		Where Residing if not at place of death P. H. Co. Md.			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Julius Ireland				Father's Birthplace A. A. Co. Md.	
Mother's Maiden Name		Ida M. Philipps				Mother's Birthplace A. A. Co.	
Name of person giving In formation		Julius Ireland				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Not known				(179)	
		Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John C. Sarsburg			
Copied in ink		Address		Forestville Md.			
Accident or Suicide?		Copied in ink					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Piscataway</i>		Town <i>Pr Geo.</i>		County
	Date of death <i>1906 Nov. 1</i>		Month	Day	Age
	Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Pr Geo. Co.</i>		
	Occupation <i>House-wife</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Allen Kirby</i>			
	Father's Name <i>Thomas King</i>	Father's Birthplace <i>Pr Geo. Co.</i>			
	Mother's Maiden Name <i>Teresa Miller</i>	Mother's Birthplace <i>Pr Geo. Co.</i>			
	Name of person giving information <i>Alton Gallahan</i>		How related to deceased <i>Brother in law</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>yes</i>		<i>E. D. Hurth.</i>		
			Address <i>Piscataway Ind.</i>		
Accident or Suicide?					



Name
In
Full

Thomas Kleytman

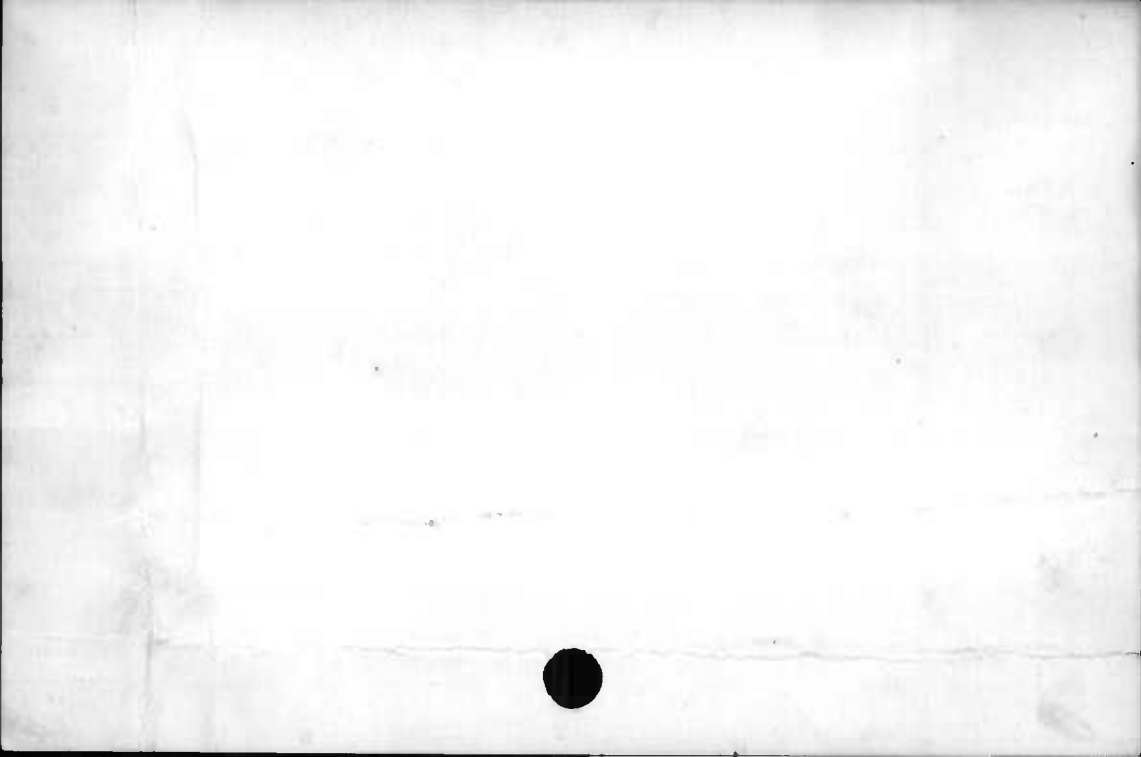
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	25	77		10	3
Sex		Color or Race		Birthplace			
Male		White		Korean			
Occupation				Where Residing if not at place of death			
Teacher				Ammendale			
Married Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Peter Kleytman		Theresa Keanhoff		Korean		Korean	
Name of person giving information		How related to deceased					
Brother Clementine		No relation					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Gastritis	How long	104	Six months
	Immediate	Weakness & Prostration	How long		Two weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Yes		B. A. Fox		
Address		Baltimore Md			
Accident or Suicide?					



Name
in
Full

George Labrecque

CERTIFICATE OF DEATH

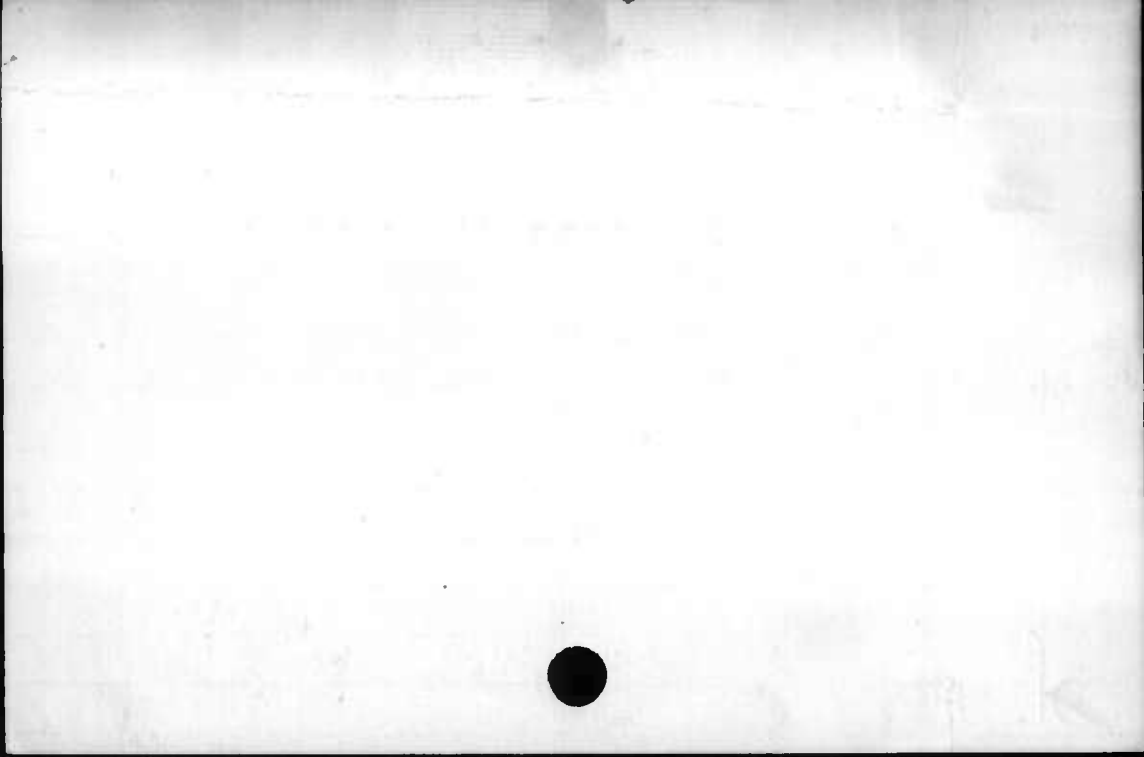
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ammenade</u> ^{Town}		<u>Pine</u> ^{County}		MARYLAND							
Date of death	1906	Month	<u>Nov</u>	Day	<u>18</u>	Years	<u>70</u>	Months	<u>10</u>	Days	<u>21</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birthplace	<u>Canada</u>				
Occupation	<u>Teacher</u>			Where Residing if not at place of death			<u>Ammenade</u>				
<u>Married</u> Single or Widowed			Name of Wife or Husband								
Father's Name			<u>Charles Labrecque</u>					Father's Birthplace			<u>-</u>
Mother's Maiden Name			<u>Marie Lucie Coulombe</u>					Mother's Birthplace			<u>-</u>
Name of person giving information			<u>Bro Clamond</u>					How related to deceased			<u>Nephew</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Perlemities</u>	How long	<u>about 2 yrs</u>
Immediate	<u>"</u>	How long	<u>about 20 yrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>C. A. Fox</u>	
		Address	
		<u>Beaune Mea</u>	
Accident or Suicide?			



Name
in
Full

Philip William Lancaster

CERTIFICATE OF DEATH

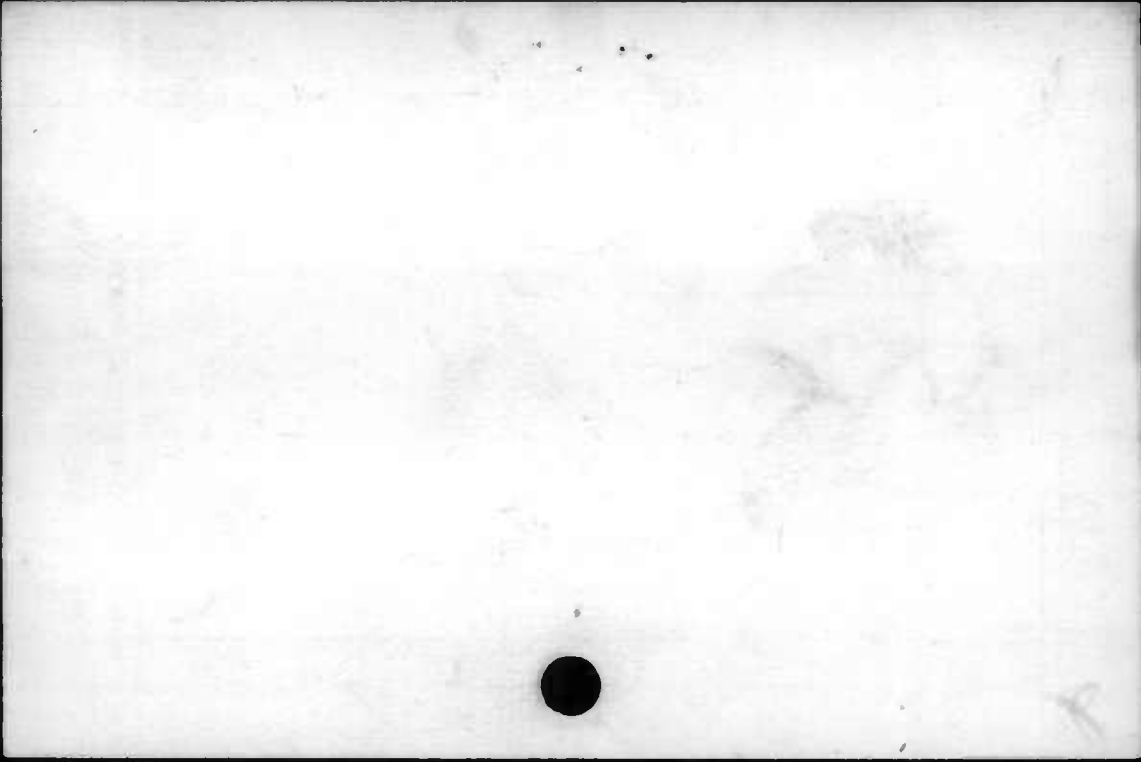
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossville		County Pr. Geo.		MARYLAND	
Date of death	1906	Month 11	Day 19	Age	Years	Months 3	Days
Sex	Male		Color of Race			Birth-place	Rossville
Occupation	Child			Where Residing if not at place of death		Rossville	
Married, Single or Widowed	Child		Name of Wife or Husband				
Father's Name	Reese Lancaster					Father's Birthplace	Md.
Mother's Maiden Name	Jennie Williams					Mother's Birthplace	Md.
Name of person giving information	Reese Lancaster					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	(93)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Ryerly
		Address	Laurel Md.
Accident or Suicide?			



Name
in
Full

Mary Lewis

CERTIFICATE OF DEATH

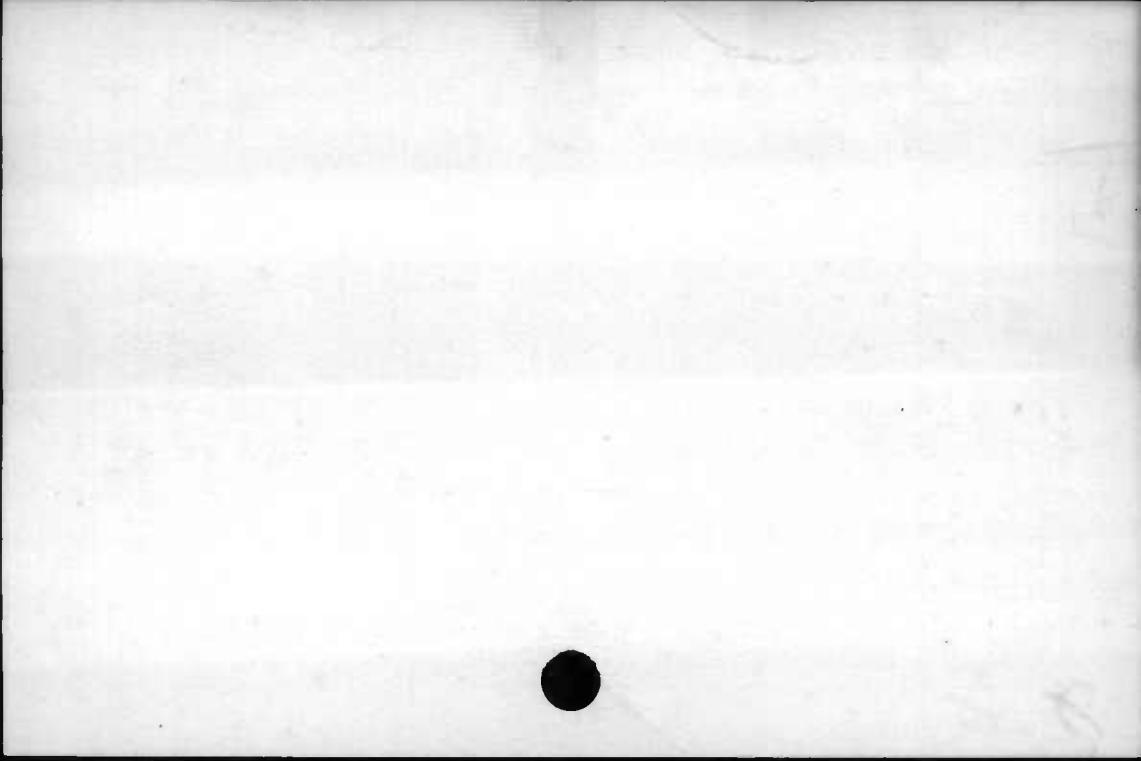
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> ^{Town}		<u>Prince Geo</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Nov</u> ^{Month}	<u>9</u> ^{Day}	Age <u>34</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
Occupation <u>H. wife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Willis Lewis</u>				
Father's Name <u>Peyton Taylor</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Ayes Daze</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Reveris Lancaster</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Taylor</u>
	Address <u>Laurel MD</u>
Accident or Suicide? <u> </u>	



Annie Marguerite Little

Town

County

Died at

Riverdale

Month

Day

Y.

M.

D.

Native of

MARYLAND

Occupation

Date 1906

Nov 25

Age

570

Ind

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Cornelius Little

Mother's

Maiden Name

Florence Little

Cause of

Primary

Contagion

Death

Immediate

Diphtheria

9

How long sick

2 days

Accident, Suicide, Homicide

Reported by

M.D. Eufess M.D.

Address

College Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John Waring Lowe
Forestville

Town

County

MARYLAND

Date

1906

Month

Nov

Day

11

Age

Years

10

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William W Lowe

Father's
Birthplace

Md.

Mother's
Maiden Name

Lizzie Cage

Mother's
Birthplace

Md.

Name of person giving
In formation

Lizzie Lowe

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Membranous Croup

How long

3 days

Immediate

Pulmonary Engorgement

How long

12 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

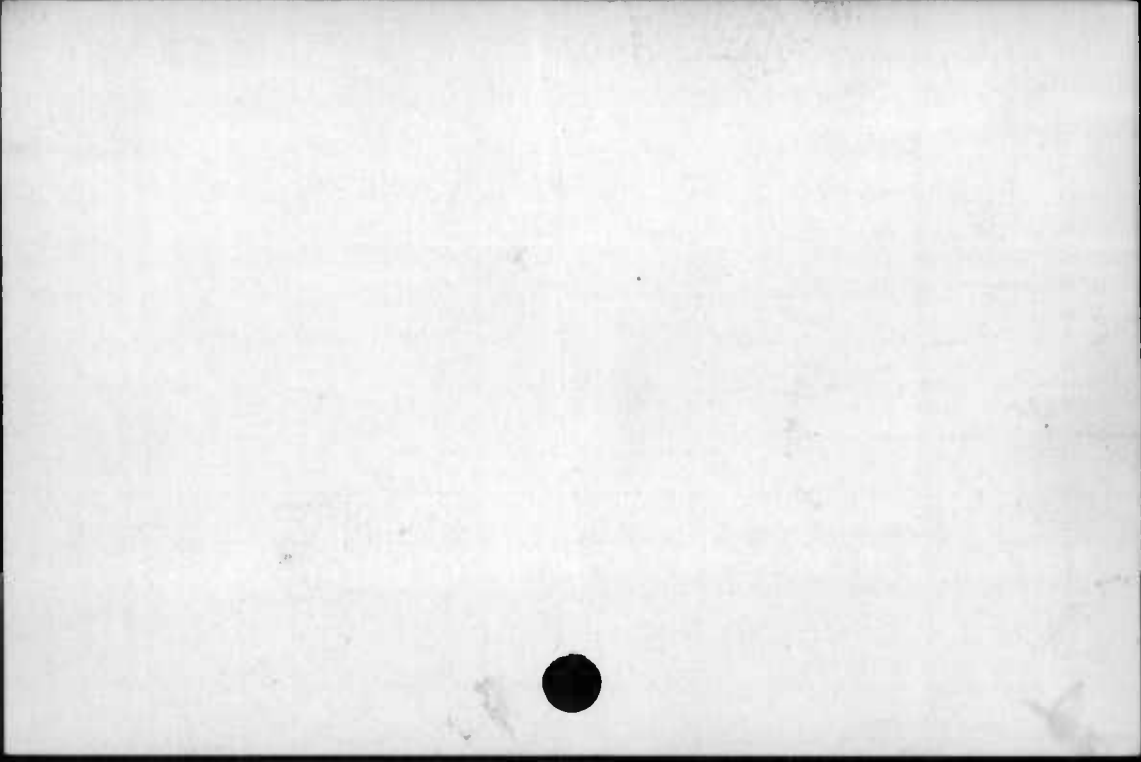
Signature of
Physician

Address

John E. Gausbury
Forestville,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

[Signature]

Name in Full John Henry Monroe		CERTIFICATE OF DEATH	
Died at Co Adams House		County P.E.	
Date of death 1906		Month Nov	Day 17
Age 60 about.		Years	Months 0
Sex male	Color or Race colored	Birth-place md.	
Occupation none		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name not known		Father's Birthplace	
Mother's Maiden Name not known		Mother's Birthplace	
Name of person giving information Samuel Allen		How related to deceased none	
CAUSES OF DEATH			
Primary General Debility		How long 154	
Immediate Sometime.		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr V.L. Perry	
		Address Hyattsville	
		Ples md.	
Accident or Suicide? —			



Name
in
Full

Mary H. Neale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> ^{Town}		<u>Po Iso</u> ^{County}		MARYLAND	
Date of death	1906	Month	Nov	Day	3
Age		68		Years	
Sex		Female		Color or Race	White
Occupation		Housewife		Birth-place	
Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Edward E Hamilton	Father's Birthplace	Md		
Mother's Maiden Name	Anne E Spalding	Mother's Birthplace	Md		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstital Nephritis	How long	3 years or more
Immediate	uremic poisoning	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Isaiah W. R. Turner
		Address	Hyattsville Md
Accident or Suicide?			



8

Name
in
Full

Batherine Perry

CERTIFICATE OF DEATH

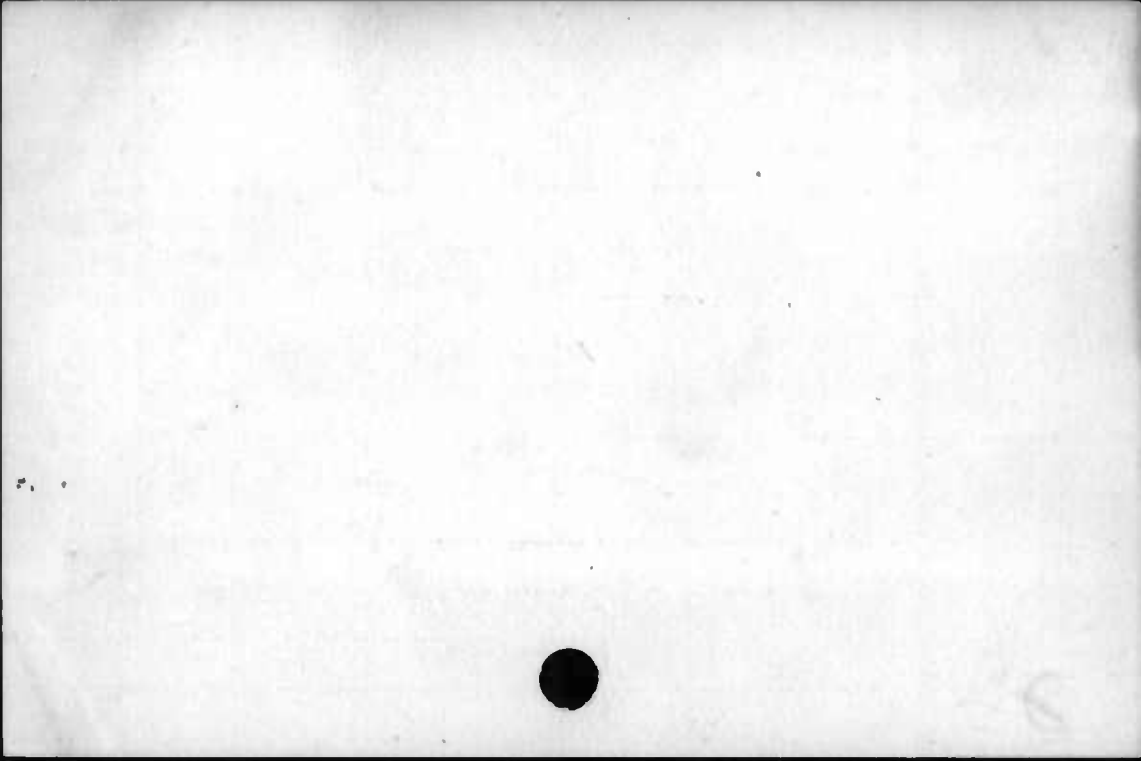
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>November</i>	Day <i>1</i>	Age <i>6</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Hyattsville Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Perry</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Mary Snell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Perry</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Natural Causes</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Augustus H Dahler J.P.</i>
	Address <i>Acting Coroner Bladensburg Md</i>
Accident or Suicide?	



Joseph L Badi lek

Town

County

Died at near Laurel Press Co.

MARYLAND

Date 1906 Nov. 25 | Age 65 | Native of Bohemia | Occupation Laborer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living Six

Husband of Mary Badi lek

Wife

Father's Name John Badi lek | Mother's Maiden Name Unknown

Cause of Death { Primary Gastric Ulcer | Immediate Inanition

How long sick Six Months

Accident, Suicide, Homicide

Reported by

Dr. G. M. Smith

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward Sweeney

CERTIFICATE OF DEATH

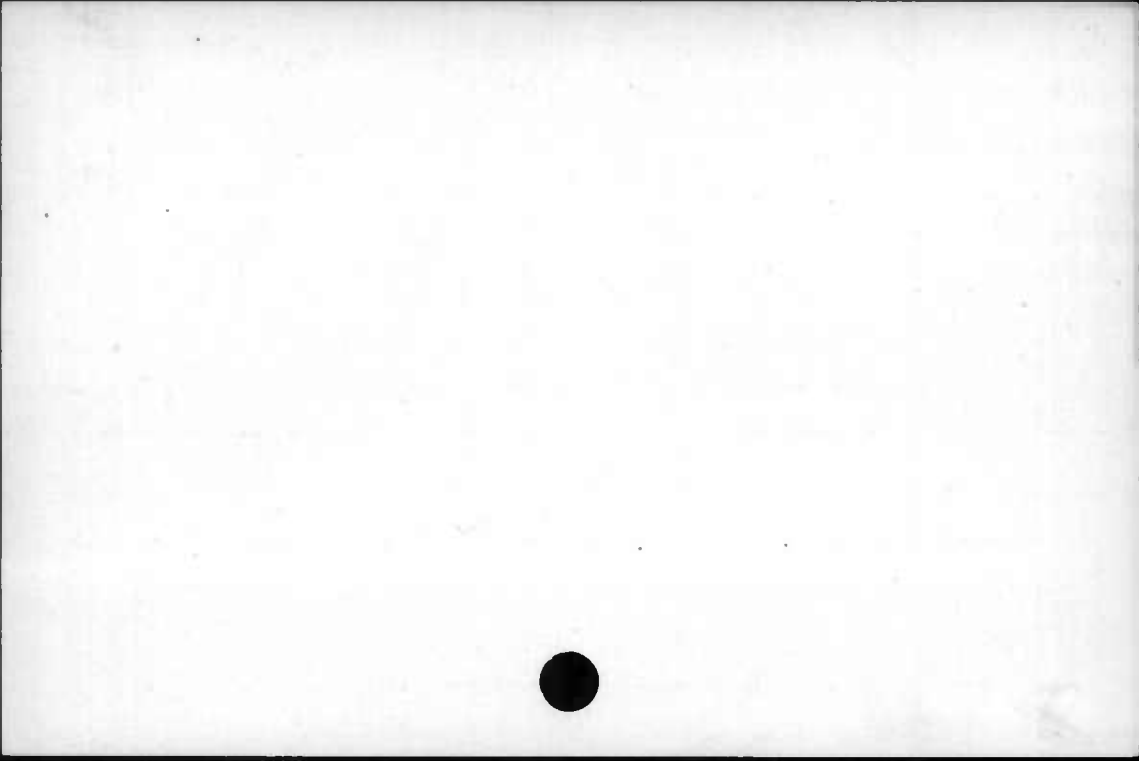
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clinton</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>24</i>	Age	<i>9</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation	<i>house</i>			Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Lee Sweeney</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name			<i>Brown</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information			<i>Lee Sweeney</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nothing</i>	How long	<i>3 weeks</i>
Immediate	<i>congestion of brain</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. L. Leaning</i>	
		Address <i>Clinton Ind</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

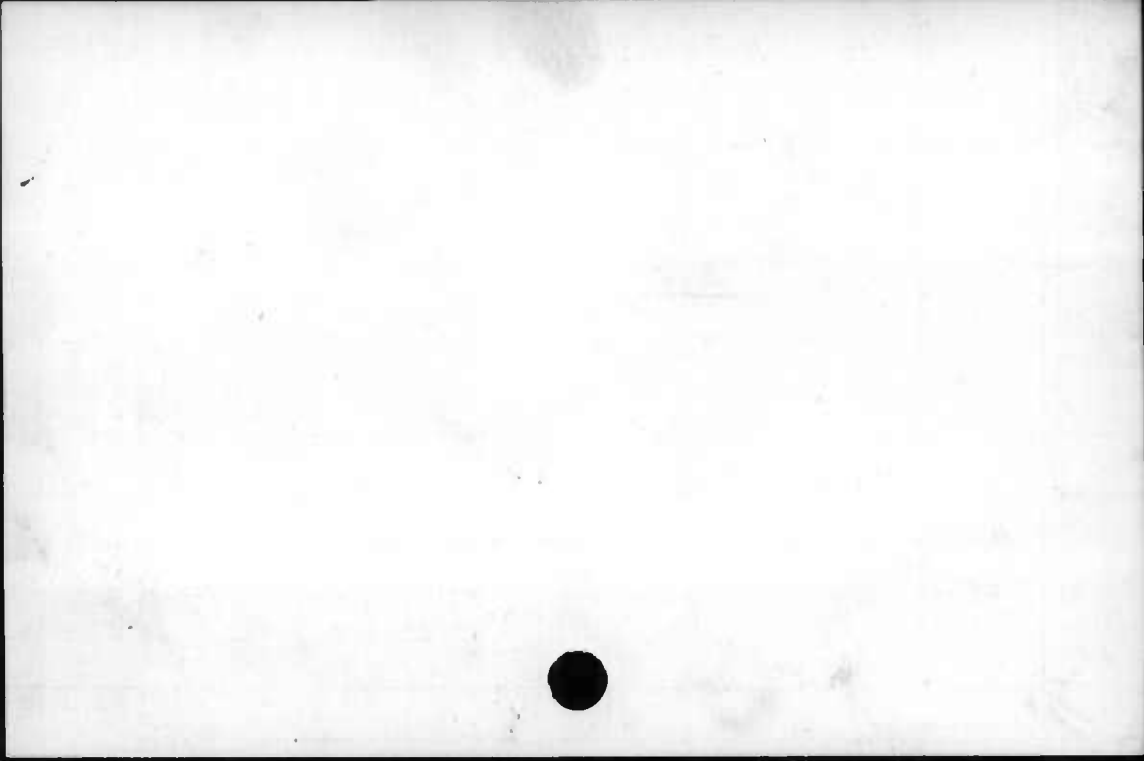
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		11	28	66	66	6	
Sex	Male		Colored	Birth-place		Md.	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Daniel Thompson		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis		How long	Probably years
Immediate	Cardiac break up + Anasarca		How long	4 mo's
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
Assistant or Suicide?				



Name
in
Full

Isabella Mary Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		1906	Month <i>Aug</i>	Day <i>26</i>	Age <i>87</i>	Years	Months <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>		Days <i>20</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Thompson</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Jane Kerr</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Miss Laura Matthews</i>		How related to deceased <i>Niece</i>					

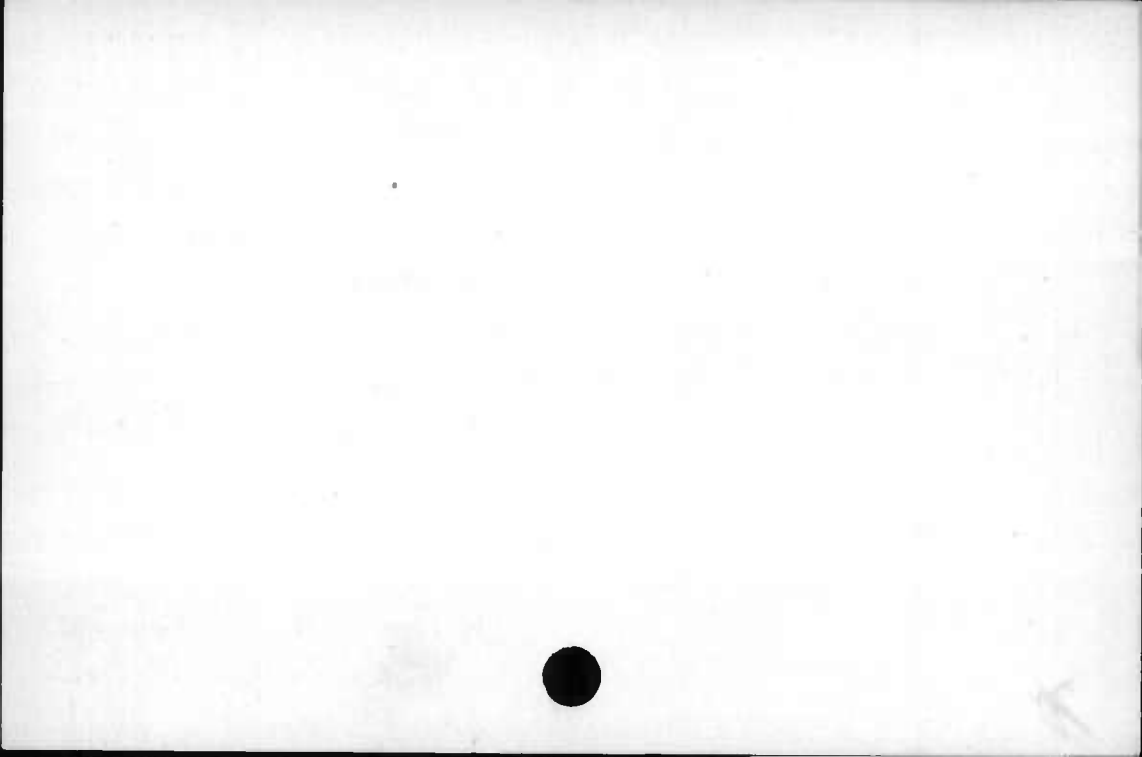
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>about 2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Nelson A. Ryan M.D.</i>	
Yes <i>Yes</i>		Address <i>Bowie</i>	
Accident or Suicide? <i>No</i>		<i>M.D.</i>	



Name in Full		Sarah Elizabeth Tippet				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month	Day	Age	Months
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Address	
		Accident or Suicide?					



Name
in
Full

Sophia S Titlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Washington D.C.*

County

Date

of death 1906

Month

Nov

Day

12

Age

Years

80

Months

6

Days

23

Sex

female

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Arterio Sclerosis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Wm L. Woodward

Address

Washington
D.C.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

George Edward Tyler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

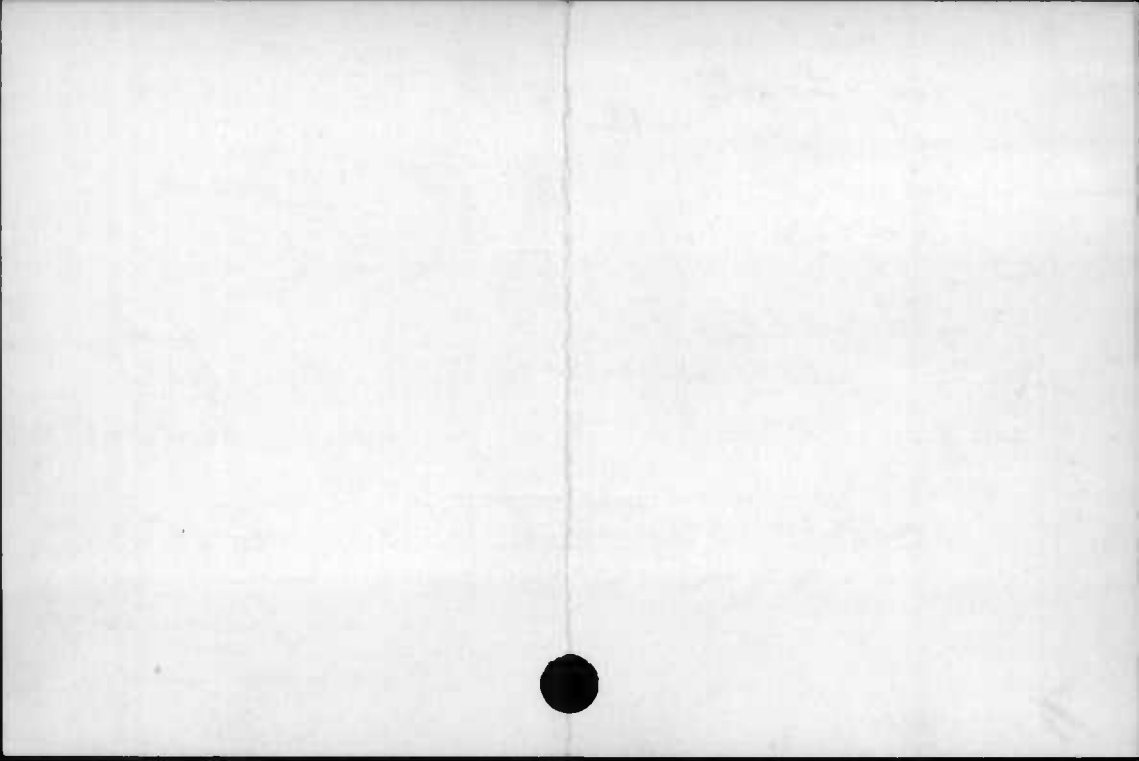
MARYLAND

Died at <u>Pilkrhill</u> <small>Town</small>		<u>Ps. Geo. Co.</u> <small>County</small>			
Date of death <u>1906</u>	<u>11th</u> <small>Month</small>	<u>10</u> <small>Day</small>	<u>about 64</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Washington, D.C.</u>		
Occupation <u>Plasterer</u>		Where Residing if not at place of death <u>Pilkrhill Maryland.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Maggie Ha Cagle Tyler</u>				
Father's Name <u>William Tyler</u>	Father's Birthplace <u>Washington, D.C.</u>				
Mother's Maiden Name <u>Martha Lusby</u>	Mother's Birthplace <u>Washington, D.C.</u>				
Name of person giving information <u>Maggie C. Tyler</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Haemorrhage</u>	How long <u>48 hours</u>
Immediate <u>Respiratory failure exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Arthur N. Meloy, M.D.</u>
	Address <u>2nd St. W., D.C.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Marion Melle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Med Glad ^{Town} P. G. ^{County}

Date of death 1906 ^{Month} Nov ^{Day} 3 ^{Years} 2 ^{Months} 2 ^{Days}

Sex Female Color or Race White Birth-place Med

Occupation house Where Residing if not at place of death O. Hill

Married, Single
or WidowedName of Wife or
HusbandFather's
NameUncleFather's
BirthplaceMedMother's
Maiden NameunknownMother's
BirthplaceMedName of person giving
In formationHarry KirbyHow related
to deceasedhouse

CAUSES OF DEATH

Primary

Exhaustion

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. L. Waring
Clinton

Accident or Suicide?

our journey.

I visited this child's mother in the third week after confinement. She had no physician with her. The information I obtained from Henry Kirk, over the phone.

Uncle works for him.
John L. Cooney

Name
in
Full

Beruella Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Halls ^{Town} md P. Lee ^{County}

Date of death 1906 ^{Month} 14 ^{Day} 3 ^{Years} 35 ^{Months} 0 ^{Days} 0

Sex Female Color or Race Colored Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband John W. Wallace

Father's Name William Brown Father's Birthplace md

Mother's Maiden Name Berucella Brown Mother's Birthplace md

Name of person giving information William John Sasser How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever How long 17 days

Immediate Ruptured bowel How long 2 x hrs

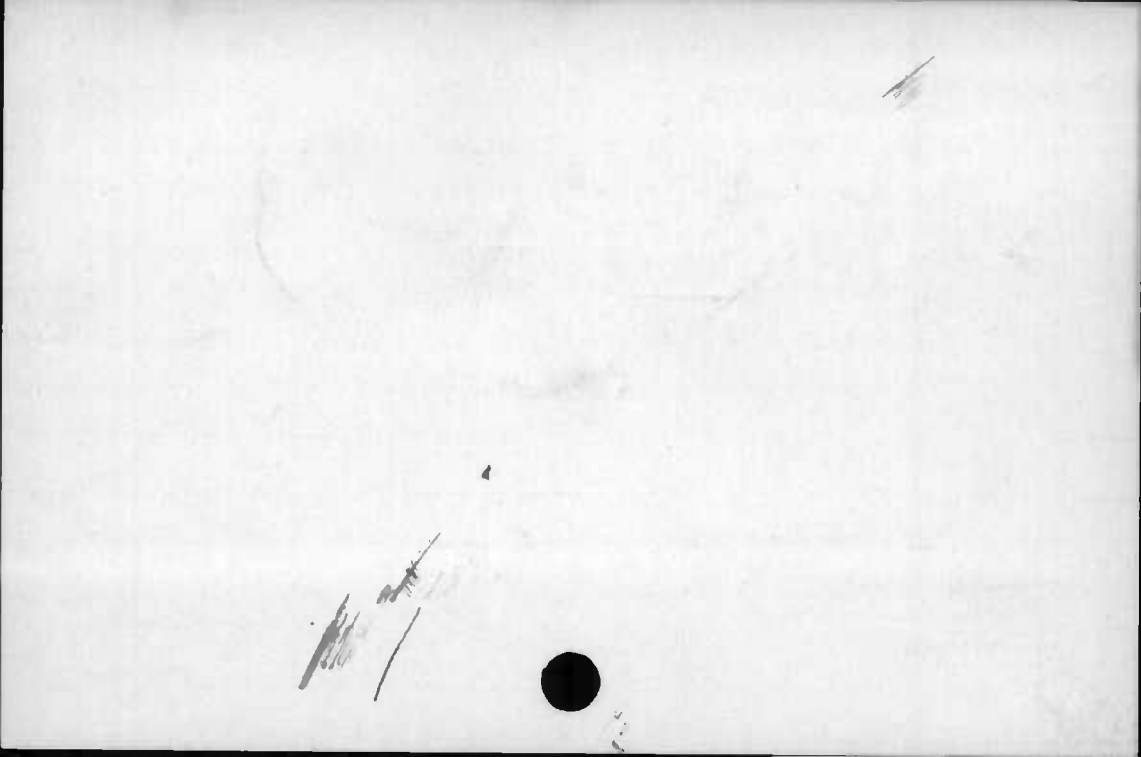
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Reverdy Sasser
upper Marlboro
md



Name
in
Full

Agnes Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rosaryville ^{County} Pr GeDate of death 1906 ^{Month} Nov ^{Day} 2 ^{Age} 26 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} MdOccupation Housewife ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Moses WashingtonFather's Name Henry Hager ^{Father's Birthplace} MdMother's Maiden Name Susan ^{Mother's Birthplace}Name of person giving information ^{How related to deceased}

CAUSES OF DEATH

Primary Trauma ^{How long} 2 days

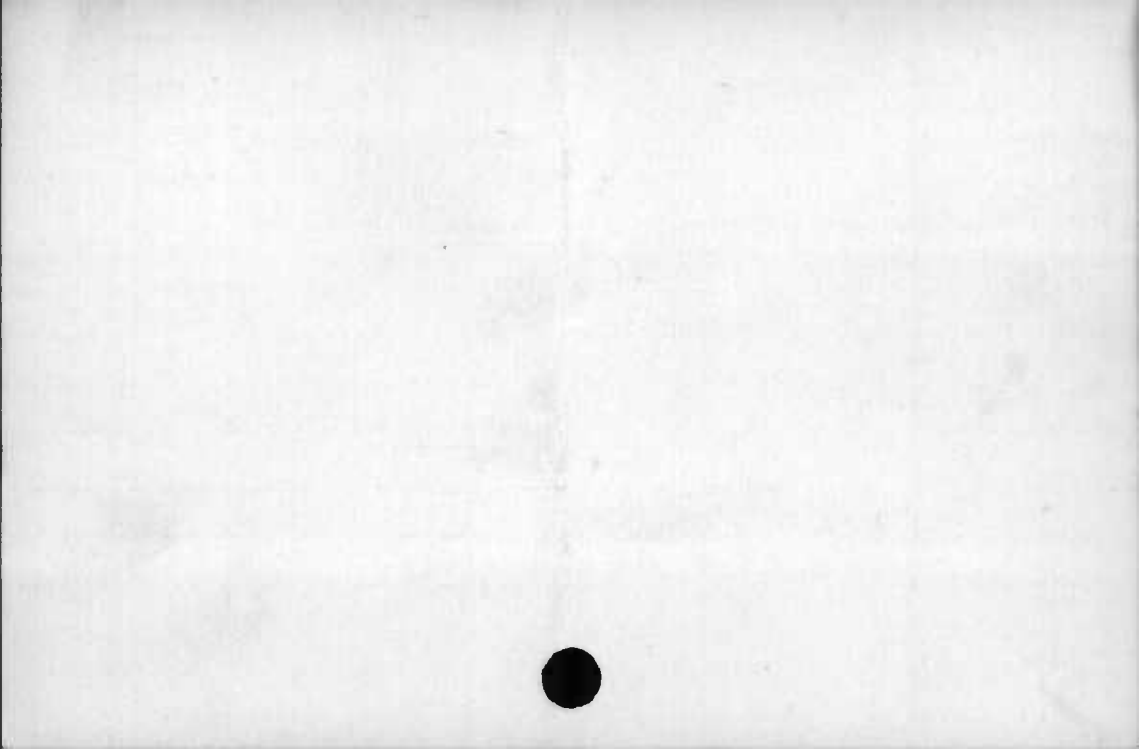
Immediate

Are the name, age, sex, color, date and place correctly given above?

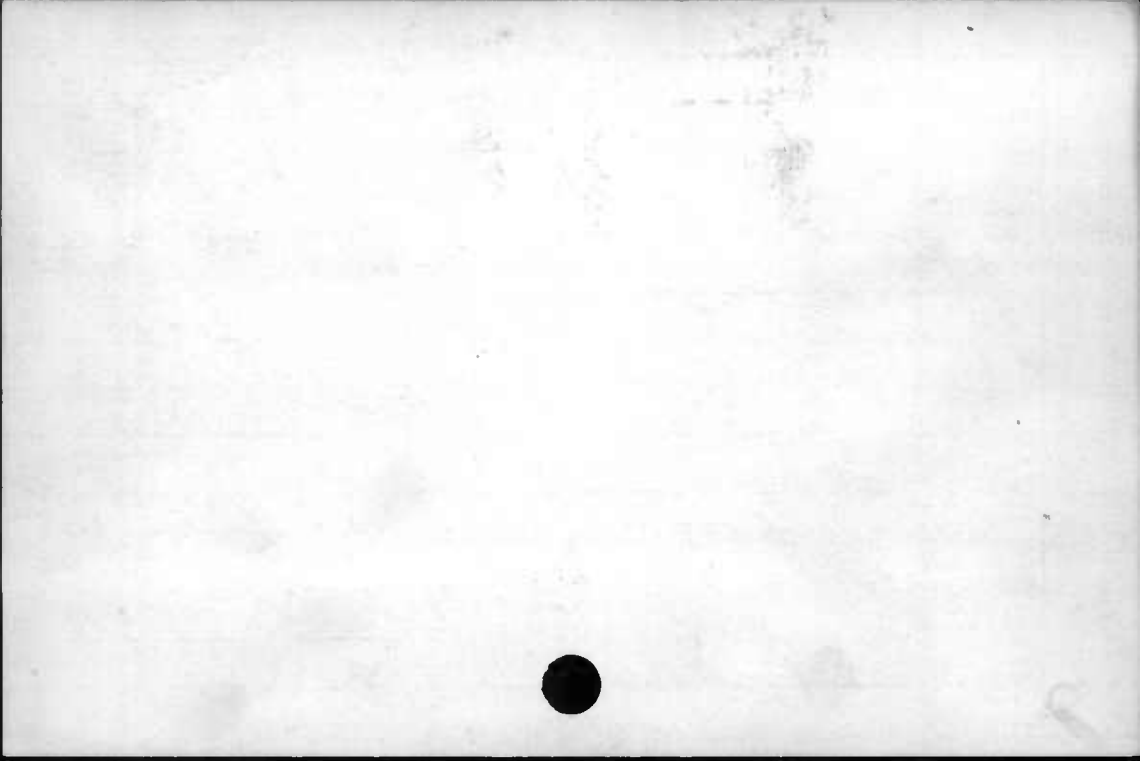
Signature of Physician

Address

Accident or Suicide?



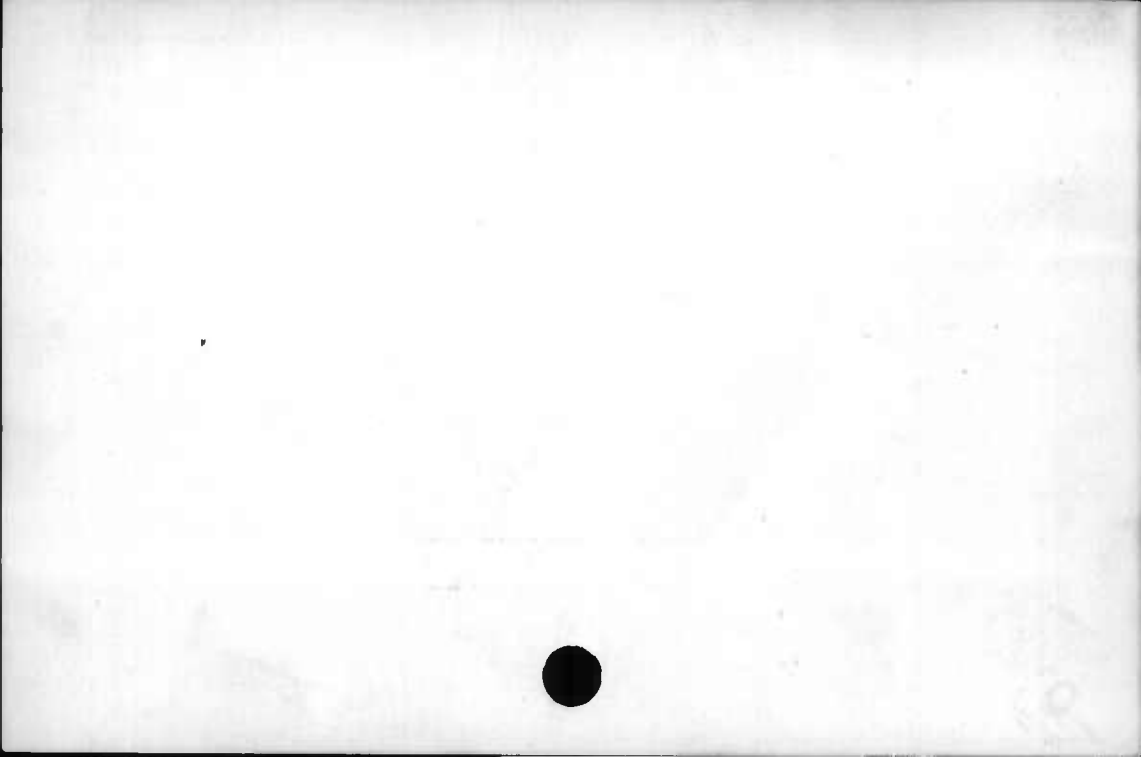
Name in Full		Mikhail Waskienia						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		near Laurel		Prine		Maryland		
	Date of death		1906	Month	Nov.	Day	26	Age	24
	Sex		male		Color or Race		White		
	Occupation		Railroad laborer		Where Residing if not at place of death		Baltimore		
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Not known		Father's Birthplace		Russia		
	Mother's Maiden Name		"		Mother's Birthplace		"		
Name of person giving information		B. J. Donieskii		How related to deceased		Not at all			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Struck by Train				How long killed		Instantly
	Immediate		Fracture of skull				How long		
	Are the name, age, sex, color, date and place correctly given above?		As far as known		Signature of Physician		M. Baldwin, J.D.		
	Accident or Suicide?		Accident		Address		Laurel, Md.		
				Acting Coroner					



Name in Full George William Waters		CERTIFICATE OF DEATH	
Died at Good Hope ^{Town}		Orange ^{County}	
Date of death 1906 ^{Month} Nov ^{Day} 25 ^{Years} 1 ^{Months} 14 ^{Days}			
Sex male	Color or Race colored	Birth-place md	
Occupation none	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name William Waters	Father's Birthplace md		
Mother's Maiden Name Sarah Butler	Mother's Birthplace md		
Name of person giving information William Waters	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary General Debility	How long Since birth
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John E. Saubrey M.D.
	no or in attendance —	Address Forestville Poles md
Accident or Suicide? —		



Name
in
Full

Daniel W Webster

CERTIFICATE OF DEATH

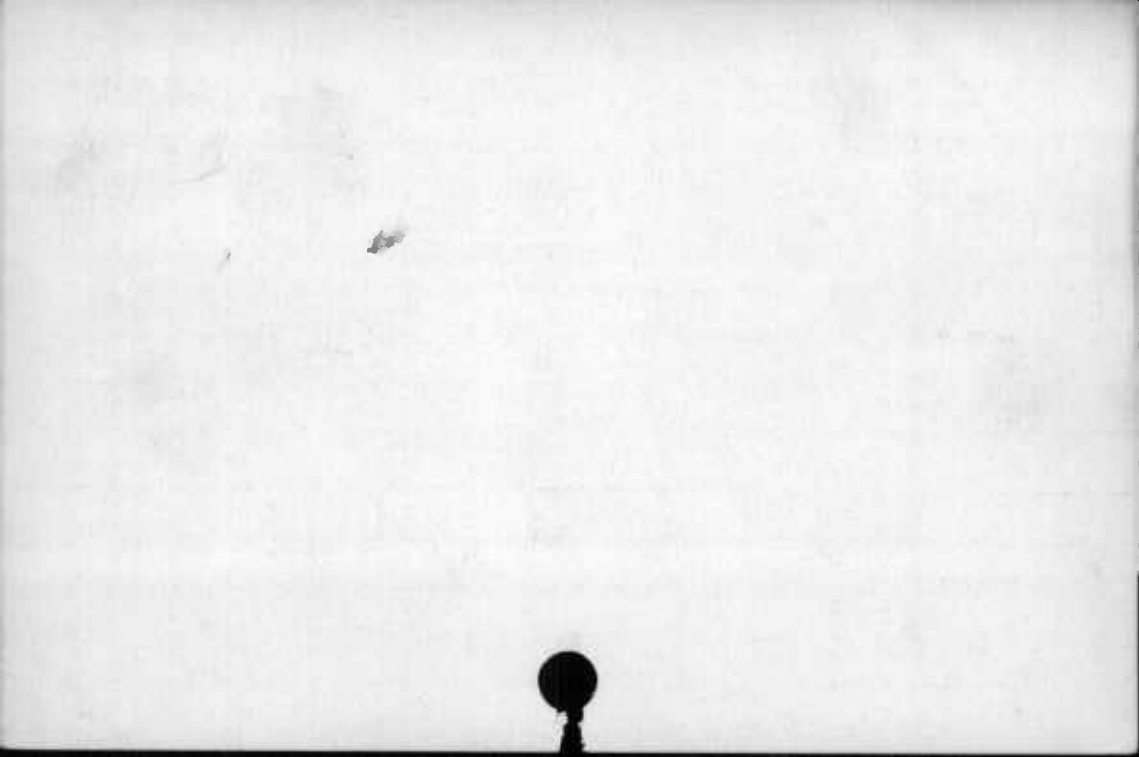
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roseville</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>47</i>	Years <i>47</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Father Webster</i>					
Father's Name <i>Geo. Webster</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary J. Mudd</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>J. J. Webster</i>				How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Cor</i>
	Address <i>J.B. MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Whitman

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sauwel</i> Town		<i>P.O.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>"</i>	Months <i>"</i>	Days <i>"</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sauwel Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo. Whitman</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Felly Boyer</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Geo. Whitman</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Born dead</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Geo. Boyer</i>
	Address <i>Sauwel Md</i>
Accident or Suicide?	

